U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From: 1	Q MS OF			
3. Name and address of person filing A. Name, file number, and address of lebor organization. Name VALENTINE R MACEDO Labor Organization File Number 019-943 P.O. Box, Bidg., Room No., if any is/A Street 140 WEST SAN MARCOS BOULEVARD City SAN MARCOS State Callifornia 2PP Code +4 State Callifornia 2PP Code +4 State Callifornia 2PP Code +4 Enter appropriate data below if, during the past fiscal year, you or year specified in the exclusions ast forth in the instructions; A. Held an interest in, engaged in transactions (including loses) whose employers your organization represents or is actively seeking to aborder. 6. Name and address of lemployer (including trade name, if any). Name WA Trade Name, if any N/A Street 1416.1 HOME AVESTUE City SAN DIEGO State Callifornia 2PP Code +4 S2105 5. Position in labor organization. RECORDING SECRETARY Enter appropriate data below if, during the past fiscal year, you or year speuse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions as forth in the instructions): A. Held an interest in, engaged in transactions (including lores), or derived informer or other economic benefit of monetary value from an employer whose employers your organization represents or is actively seeking to abordern. 7. A Nature of interest, Transaction, or Income. N/A Trade Name, if any N/A Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this record (including the information containce in any accompanying documents), has been examined by the signatory and is, to the best of the underestigned Showledge and belief, true, correct, and complete (See the section on penalties in the instructions) Signature 16. Signature and entirection.	1. File Number U - 12746	2. Fiscal Year Covered From:		
Name VALENTINE R MACCEDO Name EITUNA LABORERS LOCAL # 89 Labor Organization File Number 019-943 P.O. Box, Bidg. Room No., if any N/A Street 140 WEST SAN MARCOS BOULEVARD City SAN MARCOS State California ZIP Code +4 State California ZIP Code +4 Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the except as specified in the extractions): A. Held an interest in, engaged in transactions (including loading which, ordered increase or there encorronic benefit of monetary value from an employer whose employeers your organization represents or is actively sheaking to represent. 8. Name and address of Employer (including trade name, if any). Name N/A Trade Name, if any: N/A For Son, Bidg., Room No., if any N/A Signature Signature 16. Signature Signature Signature Signature Signature Signature Signature 16. Signature Signature Signature Signature Signature Signature Signature Signature Signature Sign	, -,	1 / 1 / 2004 Through: 12 / 31 / 2004		
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P.O. Box, Bldg., Room No., if any N/A Street 140 WEST SAN MARCOS BOULEVARD Street 4161 HOME AVENUE City SAN MARCOS State California ZiP Code + 4 92105 Encorpting secretary Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following intorests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monestary value from an employer whose employees your organization represents or is actively seasing to represent. 6. Name and edress of Employer (including trade name, if any). Name M/A	Name VALENTINE R MACEDO	Name LIUNA LABORERS LOCAL # 89		
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City SAN MARCOS State California ZIP Code +4	P.O. Box, Bldg., Room No., if any N/A	P.O. Box, Building and Room Number, if any N/A		
State California ZIP Code +4 N/A State California ZIP Code +4 N/A State ZIP Code +4 N/A Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the post of the undersigned Stanewing and Delete, true, correct, and complete. (See the section on penalties in the instructions).	Street 140 WEST SAN MARCOS BOULEVARD .	Street 4161 HOME AVENUE		
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State Signature Signature Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed Wall. Mal. On 8-18-05 760-744-3515	P.O. Box, Bldg., Room No., if any N/A			
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	Signed Wall Add All An	On 8-18-05 760-744-3515		
	Name Anna Anna Anna Anna Anna Anna Anna Ann	to the same of the		

Name of Person Filing VALENTINE MACEDO	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is ac (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or idirectly to, or otherwise		
8. Name and address of Business (including trade name, if any). Name N/A Trade Name, if any: N/A P.O. Box, Bldg., Room No., if any N/A Street N/A City N/A State ZIP Code + 4 N/A 10. If 9.b. or 9.c. is checked give trust or employer's name. Name N/A Trade Name, if any: N/A	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.		
P.O. Box, Bldg., Room No., if any N/A Street N/A City N/A State ZIP Code + 4 N/A	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. N/A	\$10	
	12.b. Amount.	\$0	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name N/A Trade Name, if any: N/A P.O. Box, Bldg., Room No., if any N/A Street N/A City N/A State ZIP Code ÷ 4 N/A	14.a. Nature of payment. N/A		
₄13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$0	